

## Nuclear Regulatory Commission

§ 26.183

to the licensee or other entity within 14 calendar days after the end of the 1-year period covered by the report. The statistics must be presented either for the cutoff levels specified in this part or for any more stringent cutoff levels that the licensee or other entity may specify. The HHS-certified laboratory shall make available quantitative results for all specimens tested when requested by the NRC, licensee, or other entity for whom the laboratory is performing drug-testing services. If the FFD program tests for additional drugs beyond those listed in § 26.31(d), the summary must include drug test results for the additional drugs. The summary report must contain the following information:

- (1) Total number of specimens received;
- (2) Number of specimens reported as—
  - (i) Negative, and
  - (ii) Negative and dilute;
- (3) Number of specimens reported as positive on confirmatory tests by drug or drug metabolite for which testing is conducted, including, but not limited to—
  - (i) Marijuana metabolite;
  - (ii) Cocaine metabolite;
  - (iii) Opiates (total);
    - (A) Codeine;
    - (B) Morphine; and
    - (C) 6-AM;
  - (iv) Phencyclidine;
  - (v) Amphetamines (total);
    - (A) Amphetamine; and
    - (B) Methamphetamine;
- (4) Total number of specimens reported as adulterated;
- (5) Total number of specimens reported as substituted;
- (6) Total number of specimens reported as positive and dilute [including an indication as to whether the specimen was subject to the special analysis permitted in § 26.163(a)(2)];
- (7) Total number of specimens reported as invalid; and
- (8) Number of specimens reported as rejected for testing and the reason for the rejection.

## Subpart H—Determining Fitness-for-Duty Policy Violations and Determining Fitness

### § 26.181 Purpose.

This subpart contains requirements for determining whether a donor has violated the FFD policy and for making a determination of fitness.

### § 26.183 Medical review officer.

(a) *Qualifications.* The MRO shall be knowledgeable of this part and of the FFD policies of the licensees and other entities for whom the MRO provides services. The MRO shall be a physician holding either a Doctor of Medicine or Doctor of Osteopathy degree who is licensed to practice medicine by any State or Territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico. By March 31, 2010, the MRO shall have passed an examination administered by a nationally-recognized MRO certification board or subspecialty board for medical practitioners in the field of medical review of Federally mandated drug tests.

(b) *Relationships.* The MRO may be an employee of the licensee or other entity or a contractor. However, the MRO may not be an employee or agent of, or have any financial interest in, an HHS-certified laboratory or a contracted operator of a licensee testing facility for whom the MRO reviews drug test results. Additionally, the MRO may not derive any financial benefit by having the licensee or other entity use a specific drug testing laboratory or licensee testing facility operating contractor and may not have any agreement with such parties that may be construed as a potential conflict of interest. Examples of relationships between laboratories and MROs that create conflicts of interest, or the appearance of such conflicts, include, but are not limited to—

- (1) The laboratory employs an MRO who reviews test results produced by the laboratory;
- (2) The laboratory has a contract or retainer with the MRO for the review of test results produced by the laboratory;
- (3) The laboratory designates which MRO the licensee or other entity is to